

<h2 style="margin: 0;">PAY INQUIRY</h2> <p style="margin: 0;"><i>(USARC Pam 37-1; the proponent agency is DCSCOMPT)</i></p>	1. FROM (Unit Address)	2. PAYROLL NUMBER								
DATA REQUIRED BY THE PRIVACY ACT										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">Authority:</td> <td style="border: none;">Title 37, U.S.Code, Sec. 101 and following.</td> </tr> <tr> <td style="border: none;">Principal Purpose:</td> <td style="border: none;">Used by the Reserve Component soldier in accordance with AR 37-104-10 when inquiring about his/her own pay account (Part A).</td> </tr> <tr> <td style="border: none;">Routine Uses:</td> <td style="border: none;">To process the action requested.</td> </tr> <tr> <td style="border: none;">Disclosure:</td> <td style="border: none;">Voluntary, however, failure to provide the social security number may result in a delay or error in processing the inquiry.</td> </tr> </table>			Authority:	Title 37, U.S.Code, Sec. 101 and following.	Principal Purpose:	Used by the Reserve Component soldier in accordance with AR 37-104-10 when inquiring about his/her own pay account (Part A).	Routine Uses:	To process the action requested.	Disclosure:	Voluntary, however, failure to provide the social security number may result in a delay or error in processing the inquiry.
Authority:	Title 37, U.S.Code, Sec. 101 and following.									
Principal Purpose:	Used by the Reserve Component soldier in accordance with AR 37-104-10 when inquiring about his/her own pay account (Part A).									
Routine Uses:	To process the action requested.									
Disclosure:	Voluntary, however, failure to provide the social security number may result in a delay or error in processing the inquiry.									
PART A - TO BE COMPLETED BY SOLDIER OR UNIT ADMINISTRATOR										
3. NAME OF SOLDIER (Last, First, MI as shown on MMPA)	4. SSN OF SOLDIER (As shown on MMPA)									
5. REQUEST THE FOLLOWING: <div style="margin-bottom: 10px;"> <input type="checkbox"/> Status of ____ ADT ____ AT ____ IDT payment for the period: _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Status of account maintenance input for the period: _____ </div> <div> <input type="checkbox"/> Other <i>(Explain in Remarks)</i> </div>										
6. REMARKS										
7. SIGNATURE OF SOLDIER (if available) OR UNIT ADMINISTRATOR		8. DATE								
PART B - TO BE COMPLETED BY UNIT										
<input type="checkbox"/> 9. Supporting document(s) was(were) submitted to the RCPSO on TL number: _____ ; dated: _____										
10. REPLY/JUSTIFICATION										
<i>Above data is true and accurate. Attachments are in support of Admin Changes/Pay Adjustments.</i>	A. REVIEWER'S SIGNATURE	B. DATE								
PART C - FOR RCPSO USE ONLY										
11. REPLY/ACTION REQUIRED		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">CLERK</td> <td style="width: 50%; border: none;">DATE</td> </tr> </table>	CLERK	DATE						
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